COMBINED DECLARATION and POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION²

PHARMACEUTICAL COMBINED PREPARATION CONTAINING A THERAPEUTIC PROTEIN

SPECIFICATION IDENTIFICATION

the specification of which is attached hereto unless the following box is checked:

[X]	the specification of which v	vas filed on 24	4 March	2005, a	as United	States	Patent
LJ	Application Serial No. or PCT International Application No. PCT/AT2005/000107						
	and was amended on			plicable			

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35 U.S.C. § 119(a)-(d) or (f) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified, by checking the box, any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed.

Note: If this U.S. application is the national stage of a PCT International Application claiming priority to a non-U.S. application, enter the non-U.S. priority details below, and make the priority claim.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER § 119 or § 365		
AT	A 556/2004	29 MARCH 2004	[X] YES	NO []	
			[]YES	NO[]	
			[]YES	NO[]	
			[]YES	NO[]	

POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

022913

U.S. PATENT & TRADEMARK OFFICE CUSTOMER NUMBER

All correspondence and telephonic communications should be directed to:

R. BURNS ISRAELSEN Registration No. 42,685 Telephone (801) 533-9800 Facsimile (801) 328-1707 bisraelsen@wnlaw.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)³

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or firs	t joint inventor		HALLOTP Öğrek
Seth		-	HALLSTRÖM(A
(GIVEN NAME) Inventor's signature	(MIDDLE INITUAL GR	NAME - IF ANY)	FAMILY (OR LAST NAME)
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Harald			GASSER
(GIVEN NAME)	MADDLE INITIAL OR	NAME – IF ANY)	FAMILY (OR LAST NAME)
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Full name of third joint	inventor, if any		
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Inventor's signature			
Date	Country	of Citizenship	
Residence			
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Mailing Address			
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*			
Full name of fourth join	it inventor, if any		
1 all fidillo of fourth John			
(GIVEN NAME)	(MIDDLE INITIAL OF	NAME - IF ANY)	FAMILY (OR LAST NAME)
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Inventor's signature		of Citizanahin	
Date		of Citizenship	
Residence		/Ctata au	Country)
	city)	(State or	Courin y)
Mailing Address			

INSTRUCTION SHEET FOR

COMBINED DECLARATION and POWER OF ATTORNEY

General. The attached document is designed to be completed and signed by each of the inventors for filing with a utility patent application, design patent application, or nationalizing a PCT application each in the United States.

Footnotes. The instructions listed below correspond to the footnotes in the document:

^{1.} The Attorney Docket No. references our internal docket number and is completed by Workman Nydegger upon receipt of the application.

^{2.} Insert the title of the invention.

^{3.} Complete <u>both</u> the "Residence" and "Mailing Address." At "Residence," insert only the city <u>and</u> state or country. A full address is not required. The "Mailing Address" need not be a residence address but can be any address, including a PO Box, where correspondence can be received.